

APPLICATION FOR COPIES OF VITAL RECORDS

Sharon Lear Willoughby, Pender County Register of Deeds

PO Box 43 Burgaw, NC 28425 910-259-1225

*Certified Copies are \$10/each
Uncertified Copies are \$1.00/each
Cash, Check or money order accepted*

Complete Appropriate Sections: (Print or Type)

SECTION 1A	BIRTH CERTIFICATE	<p>Full Name at Birth: _____ First Middle Last</p> <p>Place of Birth _____ Date of Birth: _____ (Hospital or City/County)</p> <p>Father's Full Name: _____</p> <p>Mother's Full Maiden Name _____ <i>Maiden name of mother is required</i></p>	<p><input type="checkbox"/> Certified #copies _____</p> <p><input type="checkbox"/> Uncertified #copies _____</p> <div style="border: 1px solid gray; padding: 2px; font-size: small;"> <i>Office Use Only</i> Type of ID Presented _____ Book/Page _____ Certificate # _____ </div>
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SECTION 1B	DEATH CERTIFICATE	<p>Full Name of Deceased: _____ First Middle Last</p> <p>Date of Death: _____</p> <p>Location of Death (City/County): _____</p>	<p><input type="checkbox"/> Certified #copies _____</p> <p><input type="checkbox"/> Uncertified #copies _____</p> <div style="border: 1px solid gray; padding: 2px; font-size: small;"> <i>Office Use Only</i> Type of ID Presented _____ Book/Page _____ Certificate # _____ </div>
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SECTION 1C	MARRIAGE CERTIFICATE	<p>Full Name of Spouse 1: _____ First Middle/Maiden Last</p> <p>Full Name of Spouse 2: _____ First Middle/Maiden Last</p> <p>Date of Marriage: _____</p> <p>Location of Marriage (City/County) _____</p>	<p><input type="checkbox"/> Certified #copies _____</p> <p><input type="checkbox"/> Uncertified #copies _____</p> <div style="border: 1px solid gray; padding: 2px; font-size: small;"> <i>Office Use Only</i> Type of ID Presented _____ Book/Page _____ Certificate # _____ </div>
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SECTION 2	<p>Your Relationship to the Person Whose Certificate is Requested: (Check One)</p> <p> <input type="checkbox"/> 1. Self <input type="checkbox"/> 5. Parent/Step-Parent <input type="checkbox"/> 2. Spouse <input type="checkbox"/> 6. Grandparent/Grandchild <input type="checkbox"/> 3. Brother/Sister <input type="checkbox"/> Seeking information for legal determination of personal or property rights <input type="checkbox"/> 4. Child/Step-Child <input type="checkbox"/> Authorized agent, attorney or legal representative of the person listed in 1-6 (Proof Required) </p>
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SECTION 3	<p><i>I certify that all the above information that I have provided is true to the best of my knowledge. Note: It is a felony violation of North Carolina Law to make a false statement on this application or to unlawfully obtain a certified copy of a birth certificate.</i></p>	
	Signature of Person Requesting Certificate _____ _____ Physical Street Address _____ _____ City, State and Zip Code _____	Printed Name of Person Requesting Certificate _____ _____ Date _____ Telephone Number _____

A picture ID is required for certified copies.

For requests by mail: Include a self-addressed, stamped envelope. If requesting a certified copy, include a copy of your current driver's license, state-issued ID or other approved photo ID.